

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Title::	MTA1 IS A PREDICTIVE AND PROGNOSTIC FACTOR IN HUMAN BREAST CANCER
Attorney Docket Number::	HO-P02483US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	10
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michelle
Middle Name::	D.
Family Name::	Martin
City of Residence::	Houston
State or Province of Residence::	TX
Country of Residence::	US
Street of mailing address::	8450 Cambridge #2200
City of mailing address::	Houston

State or Province of mailing address:: TX
Postal or Zip Code of mailing address:: 77054

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Peter
Family Name:: O'Connell
City of Residence:: Richmond
State or Province of Residence:: VA
Country of Residence:: US
Street of mailing address:: Dept. of Human Genetics
P. O. Box 980033
City of mailing address:: Richmond
State or Province of mailing address:: VA
Postal or Zip Code of mailing address:: 23298

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: D.
Middle Name:: Craig
Family Name:: Allred
City of Residence:: Houston
State or Province of Residence:: TX
Country of Residence:: US
Street of mailing address:: 4249 Greeley Street
City of mailing address:: Houston
State or Province of mailing address:: TX
Postal or Zip Code of mailing address:: 77006

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gary
Family Name:: Clark
City of Residence:: Houston
State or Province of Residence:: TX
Country of Residence:: US
Street of mailing address:: 2203 Goldsmith
City of mailing address:: Houston
State or Province of mailing address:: TX
Postal or Zip Code of mailing address:: 77096

Correspondence Information

Correspondence Customer Number:: 26271

Representative Information

Representative Customer Number:: 26271

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Application claiming the benefit under 35 USC 119(e)	60/390,794	06/21/02